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July 14, 1997

Ms. Jennifer K. Wall Reports Analysis Division Federal Election Commission Washington, DC 20463

RE: Identification Number: C00302844

Dear Ms. Wall:

Enclosed please find the amended PAC reports relative to your letter of July 2, 1997 (copy enclosed), and my telephone call to you on July 8.

We have itemized the individual contributions for the respective reporting periods on the Schedule A(s), which match Line 11(a)(i) of the *Detailed Summary Page*, for each specified reporting period. To make it consistent throughout the entire year of 1996, we've also included the Thirtieth Day Report (10/17/96 - 11/25/96) and the January 31 Year End Report (11/26/96 - 12/31/96).

We've listed the CarePAC contributions on a separate Schedule B and have itemized them on Line 22 of the *Detailed Summary Page*, thereby reducing the totals on Line 23 to reflect other contributions for each specified reporting period. We will continue to do this on any future reports.

I have also enclosed copies of the Statement of Organization, submitted on January 10, 1997, indicating the name change of the PAC to Highmark Health PAC; and the Statement of Organization, submitted March 31, 1997, to change the name of the Treasurer to Donald L. Fisher. I would appreciate an update of your records in this respect, so that any future correspondence would reflect these changes.

If you need further assistance, feel free to call me at (717)763-3292.

Sincerely,

Donald L. Fisher

Treasurer

Highmark Health PAC

Donald L. Like

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Enclosures:



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

William C. Dunn, Treasurer
Federal Health PAC of Pennsylvania
Blue Shield
1800 Center Street
Camp Hill, PA 17089

JUL - 2 1997

Identification Number: C00302844

Reference: Year End (7/1/95-12/31/95), April Quarterly (1/1/96-3/31/96), July

Quarterly (4/1/96-6/30/96), October Quarterly (7/1/96-9/30/96)

and 12 Day Pre-General (10/1/96-10/16/96) Reports

Dear Mr. Dunn:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Line 11(a)(i) of the Detailed Summary Page discloses a total of Itemized Individual Contributions that is higher than the sum of the entries on Schedule A. Please amend your report to clarify this discrepancy.

-For future reporting, please note that transfers to affiliated committees such as CarePAC should be itemized on a Schedule B supporting Line 22.

-Schedule A supporting Line 11(a)(i) discloses contributions received through a payroll deduction plan. Generally, a committee's report must identify each contribution from an individual which in the aggregate exceeds \$200 during the calendar year. (2 U.S.C. §434(b)) For your information, instead of separate itemization, a committee using a payroll deduction plan may disclose the aggregate amount of contributions received from the contributor through the payroll deduction plan during the reporting period; the identification of the individual where the contribution exceeds \$200 in the aggregate during the calendar year; and a statement of the amount deducted per pay period. 11 CFR §104.8(b)

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Jehnifer K. Wall Reports Analyst

Reports Analysis Division

prinifer K. Wall

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STATEMENT OF ORGANIZATION (See raverse side for instructions) enmana 7/24/97 Fich [Check if name is charced] IN NAME OF COMMITTEE WIFULL Righmark Health PAC of Highmark Blue Cross Blue Shield 3. FEC LOENTIFICATION NUMBER | | |Check || address is changed (b) Number and Street Address C00302844 1800 Center Street A JISTHIS STATEMENT AN AMERIMENT? joi City. State and ZIP Code न्त्र ४६५ ☐ ÑÕ 17089 Camp Hill, PA 5. TYPE OF COMMITTEE (Check one) at This committee is a principal campaign committee. (Complete the candidate information below.) (b) This committee is an authorized committee, and is NOT a principal campaign committee. [Complete the candidate information below.] State/District Candidate Party Affiliation Clice Sought Name of Candidals and is NOT an authorized committee. (c) This committee supports/opposes only one candidate_ (name of candidate) Party. constitue of the (d) This committee is a (Camecratic, Republican, etc.) (Naminal, State or succipinate) (a) This committee is a separate segregated fund. (f) This committee supports/occoses more than one Federal carcidate and is NOT a separate segregated fund or a party committee. Mailing Address and Relationship Name of Any Connected ZIF Code Organization or Affiliated Committee Blue Cross Blue Shield Assoc. 1310 G Street, N.W. Washington, DC 20005 Affiliated CarePAC Connected 1800 Center Street Highmark Blue Cross Blue Shield Camp Rili, PA 17089 Type of Connected Organization Corporation of Corporation w/o Capital Stock Labor Organization Membership Organization 🔲 Trade Association 🔲 Cooperative 7. Quatodian of Records: Identity by name, address (phone number — optional) and position of the person in possession of committee books and records. Title or Position Mading Address Full Name Highwark Resith PAC of Highwark EC/BS Tressurer Donald L. Fisher 1800 Center Street, Camp Hill, PA 17089 (717)763-3292 8. Treasurer: List the name and address (phone number – optional) of the creasurer of the committee; and the name and address of any perignated agent (B.g., #536818411 treesurer). Title or Position Mailing Address Same as above Donald L. Fisher Treasurer Assistant Tressurer Highmark Blue Cross Blue Shield Denise Taksel 120 Fifth Avenue Pl Pittsburgh, <u>PA</u> 9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rems safety deposit bezes or maintains forcis. Mailing Address and ZIP Code Name of Bank, Depository, etc. 10 South Market Square Mellon Bank 7.0. Box 1010 17108 Harrisburg, PA I comity that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. OATE SIGNATURE OF TREASURER TYPE OR PRINT NAME OF TREASURER

3/31/97 Donald L. F. Donald L. Fisher

NOTE: Submission of lates, errorsous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §4379. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.





Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received. DATE OF RECEIPT Hand Delivered POSTMARKED First Class Mail POSTMARKED Registered/Certifled Maif *9-14-*57 No Postmark Postmark Illegible DATE OF RECEIPT Received from the House Office of Records and Registration DATE OF RECEIPT Received from the Senate Office of Public Records POSTMARKED Other (Specify): and/or DATE OF RECEIPT